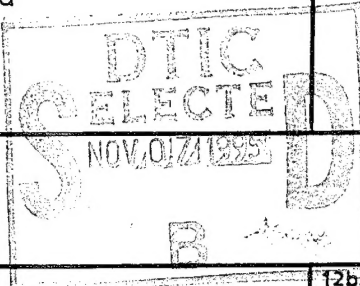


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PEACEKEEPING OPERATIONS:  
PSYCHOLOGICAL PREPARATION

19951106 063

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ALBANIA  
APRIL 1995

## OVERVIEW

### •PURPOSE:

To discuss psychological stresses associated with peacekeeping operations and methods for minimizing or alleviating them.

### •PRESENTATION OUTLINE:

- INTRODUCTION
- PRE-DEPLOYMENT ISSUES
- LEADER EDUCATION
- MODEL OF PSYCHOLOGICAL ISSUES
- DEPLOYMENT ISSUES
- PSYCHOLOGICAL REACTIONS
- RE-DEPLOYMENT
- ALBANIAN APPLICATIONS
- INTERNATIONAL RESEARCH
- CONCLUSIONS

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## INTRODUCTION

### •UNITED STATES ARMY MEDICAL RESEARCH UNIT-EUROPE

LOCATION: Heidelberg, Germany since 1977

AFFILIATION: Walter Reed Army Institute of Research

MISSION: Sustain/optimize mission readiness research on soldiers & families

### •FUNCTIONS

Research on human dimensions that affect soldier health and performance  
Provide consultation and information to leaders, policy makers, and scientists  
Provide liaison with other nations

### •PREVIOUS PROJECTS

Gulf War Research with Forward-deployed Force (1991)  
U.S. Army Europe Personnel Opinion Surveys

### •AFFILIATED STUDIES

Gulf War Research with U.S.-based Force (1991)  
Somalia Study Conducted by Wrair (1994)

## RECENT AND ONGOING PROJECTS AT USAMRU-E

### •CROATIA STUDY (1993)

Medical unit on 6-month deployment as part of U.N. Operation Provide Promise  
Pre-, mid-, and post-deployment surveys, observation, interviews; Family component

### •MACEDONIA STUDY (1993)

Border patrol unit on 6-month deployment as part of U.N. Operation Able Sentry  
Post-deployment survey

### •KUWAIT STUDY (1994)

Rapid response units on deployment as part of U.S. Operation Vigilant  
Late-deployment survey, observation, selected interviews

### •SAUDI ARABIA STUDY (1995)

Patriot battalion on 5-month deployment as part of U.S. Operation Desert Vigilance  
Pre-, mid-, and post-deployment surveys, observation, selected interviews

### •IVORY COAST STUDY (1995)

Medical Unit on 2-week deployment as part of humanitarian assistance project  
Pre- and post-deployment surveys on Telemedicine

### •RWANDA STUDY (1995)

Engineering & support units on 4-month deployment as part of U.N. Operation Support Hope  
Follow-up survey, command consultation to European Command

## PRE-DEPLOYMENT ISSUES

- SOLDIER ROLE IDENTITY: Warrior vs. Peacekeeper
- SELECTION ISSUES: Medical & Psychosocial Factors
- LEADER TRAINING: Stressors, Symptoms, & Prevention
- COMMUNICATION: Preparation, Education & Expectations  
Reduce Uncertainty & Confusion
- TEAM BUILDING: Symbols of Unit Integrity & Pride  
Mission Importance & Clarity  
Caring Leaders
- REAR DETACHMENT: Meet Needs at Home  
Provide Communication Link
- FAMILY SERVICES: Information, Preparation, Support & Outreach

## SOLDIER ROLE IDENTITY

- DIFFERENT MISSIONS

- Peacekeeping
  - “Peacemaking”
  - Humanitarian Assistance
  - Contingency - Defensive Force
  - Contingency - Offensive Force

- MANY MISSIONS ARE MULTI-FACETED

- Peacekeeping turns to Peacemaking
  - Defensive turns to Offensive
  - Humanitarian turns to Peacemaking
  - Terrorism possible
  - Multinational Forces

- TRAINED, PROFESSIONAL, DISCIPLINED SOLDIERS CAN ADAPT

- Special mission-tailored training helps
  - Teach restraint, control
  - Teamwork
  - Responsive accessible leaders

## SELECTION ISSUES

- PHYSICALLY FIT, SCREEN FOR MAJOR HEALTH PROBLEMS
- SCREEN FOR DRUG, ALCOHOL ABUSE

- FAMILY ISSUES

Family care plans

Ongoing psychosocial problems

- USE VOLUNTEERS WHEN POSSIBLE

- USE OLDER SOLDIERS WHEN POSSIBLE

Basic physical & psychological “screening” should be routine,  
not just prior to deployment

Training deployments can reveal hidden problems

High in self-control, tolerance for ambiguity (from Scandinavian studies)



## LEADER EDUCATION

### •COMMON TO ALL DEPLOYMENTS

Mission Purpose & Clarity  
Family Support

### •PEACEMAKING OPERATIONS

Battle Fatigue & PTSD  
Death and Trauma  
Sleep Discipline & Sustained Operations  
Culture Shock

### •PEACEKEEPING OPERATIONS

Boredom & Uncertainty  
Misconduct Combat Stress Behaviors

### •HUMANITARIAN ASSISTANCE OPERATIONS

Anticipation & Preparation  
Maintaining Readiness

## TEAM BUILDING

- GOALS: Create/enhance military unit cohesion
  - Improve communication
  - Improve group performance
  - Increase group resiliency

### •BACKGROUND

Every “peacekeeping” mission is different  
Different number & type of military units needed for each operation  
Success depends on teamwork & cooperation

- PROBLEM: Establish unit cohesion in newly configured Task Force

### •SOLUTION

Once unit membership is known, start meeting & training together  
Commander: assemble key leaders to discuss mission, roles  
Commander: key leaders conduct soldier & family debriefings, with discussion-question period  
Include key rear detachment personnel  
Provide distinctive insignia for all members to wear during mission

# A MODEL FOR PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS: STRESSORS

## •ISOLATION

Physically Remote; Communication Difficult;  
Culturally Different; Newly Configured Units

## •AMBIGUITY

Mission Definition; Unclear Command Structure;  
Role Confusion (Soldier vs. Peacekeeper)

## •POWERLESSNESS

Rules-of-Engagement Restrictions; Limited Activity;  
Cultural/Language Barriers; Relative Deprivation

## •BOREDOM/TEDIOUS or EXISTENTIAL BOREDOM

Repetition & Predictability; Lack of Work; Change in Expectations

## •THREAT/DANGER

Threat of Harm (Terrorists, Mines, Snipers, Disease);  
Psychological Threat (Exposure to Suffering)

# A MODEL OF PSYCHOLOGICAL ISSUES IN PEACEKEEPING OPERATIONS: COUNTER MEASURES

## •ISOLATION

Activities, Cohesion & Communication  
Information Flow, Newsletters, Media, E-mail, AFN  
Generate sense that mission is important, part of something larger

## •AMBIGUITY

Rule, Role & Command Clarification (Communication),  
Command Briefings, Country Briefings

## •POWERLESSNESS

Rules-of-Engagement, Benefits  
Transformational Coping

## •BOREDOM/TEDIOUS or EXISTENTIAL BOREDOM

Creative Training & Responsibility  
Education & Compensatory Self-Improvement

## •THREAT/DANGER

Training, Equipment, Policies, Ill treatment of Victims

## ADDITIONAL DEPLOYMENT ISSUES

### •DEALING WITH INTERNATIONAL COMMUNITY

- Good relations
- Social contact
- Benefits
- Cultural discomfort

### •RECOGNITION & AWARDS

- Media coverage
- Ribbons

### •FAMILY SERVICES

- Support groups, Newsletter
- Communication support (Telephone, Mail, E-mail, Videotape messages)
- Address issues of most concern (Safety, Uncertainty)
- Acknowledge family's experience through regular contact
- Resources
- Referral

## PRE-DEPLOYMENT ENVIRONMENT: MILITARY SUPPORT ACTIVITIES

### •COUNSELING

- Chaplain services
- Family counseling
- Financial counseling

### •COMMUNITY INVOLVEMENT

- Units participate in local activities
- Military open houses

### •INVOLVEMENT OF MILITARY FAMILIES

- Family days
- Social events

### •DOCUMENTS

- Manuals, Pamphlets, Guides
- Soldier & Family Handbooks

## POTENTIAL PROBLEMS DURING DEPLOYMENT

- ALCOHOL ABUSE
- CONFLICT WITH OTHER FORCES  
Especially with Those from Different Background  
Impact of Relative Deprivation
- DEHUMANIZATION OF NATIONALS
- OVER-REACTION TO PROVOCATION
- HEALTH PROBLEMS  
Sexually Transmitted Disease (HIV etc)  
Pregnancy
- HOMESICKNESS
- DEPRESSION (Self-injury)
- EARLY REPATRIATION

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## POTENTIAL REACTIONS AFTER DEPLOYMENT

- CLINICAL OR SUBCLINICAL SYMPTOMS OF DEPRESSION, ANXIETY
- FAMILY PROBLEMS & CONFLICT
- STRESS REACTIONS MANIFESTED IN PHYSICAL SYMPTOMS
- ACUTE STRESS REACTION
- POST-TRAUMATIC STRESS DISORDER
- AGGRESSION
  - Increased risk for violent sudden death by car accidents & suicides  
(Scandinavian data)
- INCREASED SUBSTANCE USE (ALCOHOL)
  - Risk of high rate of alcohol use after U.N. mission



# POST-TRAUMATIC STRESS DISORDER

## DSM-IV DIAGNOSTIC CRITERIA

### •EXPOSURE TO THREATENING EVENT & INTENSE FEAR REACTION

### •SYMPTOMS

#### •Reexperiencing (at least one):

Intrusive memories, dreams, flashbacks, distress at symbols

#### •Avoidance (at least three):

Avoid memories & associations, lack of recall, less interest, detachment from others, restricted affect, sense of limited future

#### •Arousal (at least two):

Sleep trouble, angry, trouble concentrating, hypervigilant, startled easily

### •COURSE: Duration of more than one month; Disrupts functioning

### •TYPE: Acute, Chronic, Delayed

## POST-TRAUMATIC STRESS DISORDER

- ASSESSMENT:** Group screening instruments, clinical interviews
- TREATMENT:** Cognitive-behavioral therapy, medication, group treatment, psychodynamic therapy, hypnosis
- PREVENTION:** Stress inoculation, buddy aid, organizational support, expectations
- RISK FACTORS:** Repeat trauma, chronic stress, lack of social support, lack of disclosure
- ISSUES:** Parallel to abuse history, Alternative treatments (Rapid Eye Movements)
- ACUTE STRESS REACTION**  
Similar to PTSD, trauma, dissociation, reexperiencing, avoidance, anxiety, distress  
Course: 2 days to 4 weeks.

## (COMBAT) STRESS RESPONSE

### •MILD RESPONSE

Symptoms: palpitations, sweating, frequent urination, acute diarrhea, nausea/vomiting, trembling hands and feet, hyperventilation, anger, fatigue without apparent cause, anxiety, lack of concentration, crying, uneasiness, frightening dreams

Treatment: Rest, ventilate, stress management for self-aid, buddy aid. Can probably return to unit that day.

### •MODERATE RESPONSE

Symptoms: aimlessness, shaking, immobility, rapid speech, excited gestures, agitation, urge to fight without reason, lack of regard for personal care, partial amnesia, fear of sleep and nightmares

Treatment: Same as for mild case plus extra attention, stress debriefing, consultation with professionals. Can probably return to unit within days.

### •SEVERE RESPONSE

Symptoms: loss of sensory/motor functions, hallucinations, extreme expressions of pain, uncontrolled threatening behavior, apathy

Treatment: Same as for mild and moderate cases plus possible removal to rear, or evacuation. Possibly will not be returned to unit.

## RE-DEPLOYMENT ISSUES

### •DEBRIEFING

### •UNIT ACTIVITIES

- Reunion briefing
- Reintegrate in partial deployments
- Cultural reintegration
- Make date for unit reunion
- Provide roster with names and addresses
- Provide referral information
- Provide aftercare (talk to people, be present at reunion, call those who don't show)

### •FAMILY SUPPORT

- Reunion education
- Counseling

### •FAMILY CONFLICT

## ROLE OF PSYCHOLOGISTS ON DEPLOYMENT

- "HUMAN DIMENSIONS" RESEARCH
- COMMAND CONSULTATION & FEEDBACK
- UNIT CLIMATE ASSESSMENT
- STRESS CONTROL TEAM
- PSYCHOLOGICAL SERVICES (MOBILE)
- DEBRIEFING

# SOMALIA STUDY

based on Gifford (1993)

## •OPERATION RESTORE HOPE (JAN - MAR 1993)

Light Infantry

Interviews, unit observations

## •MAJOR STRESSORS

Indefinite tour length

Lack of communication (slow mail & poor telephone access)

Mission creep (expanding mission without formal redefinition)

Rules of engagement (safe havens for bandits)

Doubts about mission (futile, hostile, forgotten)

## •ISSUES

Feelings about Somalis (mixed feelings, wanted to like them)

Gender issues (worked well, family style, resent tent segregation)

Functioning (pride, low mental health usage, few discipline problems)

Exposure to death/disease (not much exposure, handled well)

Combat risk (matter-of-fact acceptance, few casualties initially)

Harsh physical environment (pride in adaptation, relative deprivation issue)

## SOMALIA STUDY (continued)

### •OPERATION CONTINUE HOPE (JUL 93)

Light Infantry (arrived late spring)  
Interviews, large group discussions, surveys

### •MAJOR STRESSORS

Pre-deployment misconceptions (lack of knowledge of Somali culture)  
Doubts about mission (especially after bloody conflicts)  
Mission confusion/resentment (humanitarian vs. combat)  
Combat risk (increased from winter)  
Want acknowledgment/recognition (bitter toward media)  
Rules of engagement (adds to vulnerability)  
Hostility toward Somalis increasing (85% shot at, 73% insulted/gestured)  
Relative deprivation

### •DOING WELL BUT HIGH STRESS

Functioning  
Reasonable morale  
Fewer symptoms (BSI) than during Gulf War

# INTERNATIONAL EXPERIENCE: A SELECTED OVERVIEW

•GERMANY

•THE NETHERLANDS

•NORWAY

•FRANCE

•SWEDEN

•IRELAND



## GERMANY

based on Kornhuber (1994)

### •SOMALIA STUDY (OCT 93 - JAN 94)

Two overlapping contingents (1700 and 1300 soldiers)

Team of psychologists

Studied repatriation

1st contingent had 30-40 repatriations for psychological reasons

2nd contingent had 4 repatriations for psychological reasons

### •POSSIBLE EXPLANATIONS FOR 1ST CONTINGENT'S REACTIONS

Rushed recruiting

First "out-of-area" deployment (leading to discomfort & fears)

Initial public ambivalence in support of the mission

Poor family support

Inadequate financial motivation

### •PSYCHOLOGICAL REACTIONS

Drug use (Cannabis & Alcohol)

Depression (homesickness, missing partner) MEDEVAC

Stress

# THE NETHERLANDS

based on Wertheim (1994)

## •FORMER YUGOSLAVIA STUDY (FEB 92 - JAN 94)

Signal and Transportation Battalions on 6-month deployments

4.4% Repatriated (140 out of 3220)

13 non-functioning

36 medical

14 psychological

17 social

60 disciplinary

## •EXPLANATION OF REPATRIATION DATA

Low rates for psychological reasons

Every battalion has own psychologist

Extensive pre- and post-deployment stress evaluation

Discipline-related repatriation

Conscripts had higher rates of return (53%) than 'short contract' soldiers (36%)

Most problems related to 'soft drugs' (OK in Netherlands, not in UN)

Most evacuations by commercial airline

Over 2 years, 23 mission casualties (3 fatal, 3 disabled)

# THE NETHERLANDS

based on Willigenburg (1994)

## •GOAL (since 93)

Screening procedure for deployment of conscripts to the former Yugoslavia  
Prevent adjustment problems and limit risk of CSR or PTSD  
Interview and Questionnaire

## •ASSESSMENTS

Styles of Coping:

UNIFIL volunteers with most 'aftercare' needs motivated by flight from home  
Social Skills (and ability to express/process emotions)  
Psychosocial Problems: Stress from home affects stability  
Neuroticism (Personality problems): Influence CSR and adjustment  
Other: Expectations, Addictions, Criminality, Tolerance, Identity, Locus of Control  
Interview

## •PRELIMINARY FINDINGS

Strong correlation between assessment rating & leader rating on deployment  
1.5% of conscripts are repatriated and roughly 5% of volunteers  
Conscripts are older & better educated than volunteers  
Assessment of volunteers being planned

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# NORWAY

based on Headquarters Defence Command (1992)

## •LEBANON STUDY (78 - 91)

724 surveyed after 6-month deployment with UNIFIL

Surveyed repatriated & matched controls (medical, discipline & welfare reasons)

## •CHARACTERISTICS OF REPATRIATED SOLDIERS

Introverted personality, limited social network, withdrawal

Poor childhood family situation, exposure to violence as a child

Greater number of stressful events in life

Greater increase in alcohol use during deployment (less before)

## •OTHER FINDINGS

Repatriation rates considered low (530 out of 15,931)

Repatriated at greater risk for emotional problems upon return

Ceremony, help & follow-up upon repatriation may reduce risk

Positive benefits of UN service reported by 90% of all respondents

5% reported increased symptomatology

Less than 30% of soldiers who reported problems at redeployment were repatriated

Lower rates of UN-soldier stress syndrome associated with experience, intelligence, low death anxiety, no inner conflict, high military score

## FRANCE

based on Doutheau, Lebigot, Moraud, Crocq, Fabre & Favre (1994)

### •FORMER YUGOSLAVIA AND SOMALIA STUDY (92 - 93)

Many men volunteered longer than legal requirement  
Interviews & Officer accounts

### •ISSUES/FINDINGS

Loss of national identity by serving under UN flag, not positive reaction  
Difficulty using English  
Policy of non-intervention: mistakes can have serious political results  
Fear of losing self-control compounds stress  
Suffering, danger, determining who is good vs. bad, chaotic environment

### •REPATRIATION

40 from former Yugoslavia; 2 from Somalia; 65% had support missions  
None before 1st month of deployment, 24 between 1-3 months, 8 after leave  
Diagnoses: 19 anxiety    10 behavioral (alcohol abuse, weapon use)  
                  7 acute psychosis    3 depression    1 dissociative disorder  
Younger, less trained; In Somalia enemy clearer, less intense insecurity  
30 return to duty  
Recommended: group cohesion, information, psychiatric presence

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# SWEDEN

based on Carlström data

## •LEBANON STUDY (82 - 91)

152 surveyed (a Logistic Battalion) after 6-month deployment with UNIFIL  
Study of low-intensity conflict and stress factors

## •RESULTS

Generally good adjustment, few subgroup differences (e.g. rank)

Many found service monotonous and boring

Half reported increase in alcohol use

More stress reported than in study of medical company during Gulf War

Depression (28.6%), Sleep problems (13.2%), Anxiety (17%), Withdrawal (34.9%)

## •UNIQUE STRESSORS

Uncertainty determining friend vs. enemy

Risk of being taken hostage, violent episodes of shooting & landmines

Certain level of stress at all times, few opportunities to relax

Many soldiers have emotional difficulty after they return home

Mediator not confronter: Maintaining neutrality, even when provoked

Aggressive thoughts may lead to guilt feelings

Difficult for relief workers & diplomats

# IRELAND

based on Fields (1992)

## •LEBANON STUDY (82 - 89)

Interviews with males (& some females) on 6-month deployments with UNIFIL  
Deployment involved career military personnel, no psychology services  
Focus on 33 Irish deaths during deployment

## •FINDINGS

Relatively few psychiatric casualties (between European and African/Asian rates)  
Mortality rate lower for age group than in Dublin, Ireland  
Relatively small % killed-in-action, high % accidental death (compared to others)

## FIJI COMPARISON: Served 2x as long as Europeans

Fijians had highest rate of traffic fatalities (compared to others)

Fijians had higher number of psychiatric cases than the Irish

## •ISSUES

Sex-role issue: If masculinity is associated with aggression, how does it conflict with negotiation, passivity, tolerance, and disengagement needed in peacekeeping?  
Soldiers tend to identify with local people & suffer stress as a result

# CROSS-CULTURAL COMPARISON OF REPATRIATION

based on Weisaeth (1990)

## •LEBANON STUDY (APR 78 - AUG 80)

UNIFIL Deployment

10 UN Infantry Battalions

394 or 1.6% of Total Force repatriated due to mental illness

## •RATE COMPARISONS IN % PSYCHIATRIC ILLNESS

Norwegian & Dutch overrepresented in % of psychiatric illness

Fijian proportionately represented

Irish, French, Nigerian, Ghanaese, Senegalese & Nepalese underrepresented

## •FACTORS AFFECTING REPATRIATION RATES

Availability of Transport to Home Country

Western Industrialized Nations Willing to Report Symptoms vs. Perceived Stigma

Language Barrier, Religious & Cultural Norms Effect on Understanding Symptoms

Medical Willingness to Diagnose Psychiatric, Not Somatic Problem in Westerners

Sector Stress Differed

Volunteers (more from West) had more symptoms (because of high expectations?),

but professional soldiers had more role conflict & stress from boredom



# U.N. SOLDIER'S STRESS SYNDROME

based on Weisaeth (1990)

## •SYNDROME

Conflict between aggressive impulses & inability to express them

No personal predisposition

Imposed passivity when facing humiliation/threat => helplessness, less self-respect

A type of PTSD but: fear of losing control over one's aggression,  
not fear of external threat

Task is to remain neutral despite provocation

Aggressive thoughts lead to guilt, suppression of anger

=> somatic complaints, conduct problems

Fear that errors can have serious political consequences

## •IDENTITY CHANGE FROM WAR FIGHTER TO PEACEKEEPER

Balance fear with aggression, & behave covertly vs.

Maintain self-control & behave overtly

Fight/flight vs. control both impulses

# U.N. SOLDIER'S STRESS SYNDROME

## Issues

### •DYNAMICS

- Limited ability to relate increases personal vulnerability & built up emotions
- Helplessness even worse for masculine identity
- Syndrome may be reaction against passivity

### •ADAPTATION

- Beware of aggression or overidentification with one of the parties
- Beware projection of aggression on others, stereotyping, exaggeration
- Need balance in self
- Need to think in terms of long term goals
- At risk for being manipulated so need to be able to observe self & motives
- Need high level of autonomy & self-respect because parties may not respect them
- Possible positive effects on personality?

### •ADDITIONAL QUESTIONS

- Impact of different types of UN missions?
- Impact of conscript vs. career soldier?
- Culture consistencies with conflict?

## DEBRIEFING

- WHAT? Factual review in small groups following an event, not therapy
- WHY? Identify lessons for future, resolve misperceptions, provide healthy perspective, emphasize positives, normalize, allows for ventilation and closure
- WHO? Neutral outsider trained in debriefing and counseling & Unit Members
- HOW?
  - 1) Clarify: Confidentiality, Purpose, Introductions
  - 2) Construct Time line: Historical narrative, Experiences
  - 3) Allow for Ventilation & Normalize Reactions
  - 4) Summing up/Conclusions
  - 5) Follow-up

### •ISSUES IN IMPLEMENTATION

Time, Place, Composition  
Reluctance from Command  
Common Myths

## ALBANIA: CULTURAL CONSIDERATIONS

- What applies?
- Demographics?
- Historical enemies?
- Impact of isolation, relative lack of exposure to others?
- Identity?
- Military structure?
- Military's role in history?
- Military's role in culture?
- Impact of social organization (collectivism)?
- What is Albanian approach to grief?
- What is cultural understanding of psychology?
- Feelings about warrior identity?
- Feelings about joining NATO?
- Feelings about the international community?
- Attitudes of families/soldiers/politicians/journalists?

## CONCLUSIONS: UNIVERSAL THEMES

- CHANGING IDENTITY: ADOPTING THE BLUE HELMET
- OVER TIME, DIFFERENT ISSUES & STRESSORS EMERGE
- AREAS FOR PREVENTION INCLUDE
  - Selection
  - Training for Soldiers & Leaders: The more prepared ahead of time, the better
  - Addressing Common Stressors & Deployment Type
  - Supporting Cohesion
  - Debriefing & Mental Health Resources

## •STRESS REACTIONS

Most soldiers cope well; most experience some stress  
Difficulties in adjustment include alcohol use, misconduct, repatriation

## •A CHANGING ENVIRONMENT

Operation Tempo  
Understanding the culture-specific & culture-universal

THANK YOU

FALEMINDERIT

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